



COMMONWEALTH OF KENTUCKY
Department of Corrections
Division of Mental Health and Substance Abuse

LaDonna Thompson
Commissioner

Kevin Pangburn
Director

Substance Abuse Program (SAP) Refusal Form

I _____, inmate number _____
REFUSE to participate in the recommended DOC certified Substance Abuse Program (SAP). By refusing the program I understand that I may not receive any future Meritorious Good Time (MGT) and the Parole Board will be informed of my decision. I understand my refusal means that I will not receive any MGT if I must complete SAP as a stipulation of my parole.

Should I reconsider at a later date, I understand that I must wait at least 30 days from the date of refusal to reapply. Also, my name will be removed from the SAP waiting list as a result of signing this form. I understand if SAP is a stipulation of my parole I may not receive any MGT until I complete SAP.

Please be advised: If you refuse SAP after being transported to a facility to complete SAP you will be charged with a Category 4.11 offense, obtaining money, goods, privileges or services under false pretenses.

Important Note:

You will be unable to re-apply to SAP for one year if:

- You refuse the Substance Abuse Program more than once
- You are terminated from the Substance Abuse Program more than once
- You are terminated from SAP or refuse SAP more than once

Printed Name & Inmate Number

Inmate Signature

Date

Staff Signature

Date